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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number RP-01483-US1

First Named Inventor MERCIER

**COMPLETE IF KNOWN**

Application Number Unassigned

Filing Date Unassigned

Art Unit Unassigned

Examiner Name Unassigned

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Roll-Related Reactive System

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: <input type="text" value="28735"/>		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) MERCIER		Family Name or Surname Daniel	
Inventor's Signature <i>Daniel Mercier</i>		Date 12/02/04	
Residence: City Longueuil	State Quebec	Country Canada	Citizenship Canadian
Mailing Address 8-100 Lemoyne Est			
City Longueuil	State Quebec	ZIP J4H 1V2	Country Canada
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Yves		Family Name or Surname BERTHAUME	
Inventor's Signature		Date	
Residence: City Mont St-Hilaire	State Quebec	Country Canada	Citizenship Canadian
Mailing Address			
City Mont St-Hilaire	State Quebec	ZIP J3H 6E6	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 01 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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## DECLARATION — Utility or Design Patent Application

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Address					
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Country		Telephone		Fax	
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NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) MERCIER				Family Name or Surname Daniel	
Inventor's Signature				Date	
Residence: City Longueuil		State Quebec		Country Canada	
Citizenship Canadian					
Mailing Address 8-100 Lemoyne Est					
City Longueuil		State Quebec		ZIP J4H 1V2	
Country Canada					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Yves				Family Name or Surname BERTHAUME	
Inventor's Signature				Date Feb 13 2004	
Residence: City Mont St-Hilaire		State Quebec		Country Canada	
Citizenship Canadian					
Mailing Address					
City Mont St-Hilaire		State Quebec		ZIP J3H 6E6	
Country Canada					
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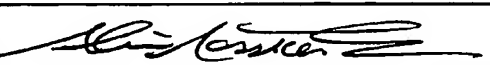
<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>01</u> of <u>01</u>
--------------------	------------------------------------------------------------------------------------

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Rémy		BIRON	
Inventor's Signature		Date <u>12/02/04</u>	
Mont St-Hilaire Residence: City	Quebec State	Canada Country	Canadian Citizenship
270 Des Patriotes Rd South Mailing Address			
Mailing Address			
City	State	J3H 3G7 Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Alain		MASSICOTTE	
Inventor's Signature		Date	
Orford Residence: City	Quebec State	Canada Country	Canadian Citizenship
15 Du Souchet Mailing Address			
Mailing Address			
Orford City	State	J1X 7H2 Zip	Canada Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>01</u> of <u>01</u>	

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
R��my		BIRON	
Inventor's Signature		Date	
Mont St-Hilaire Residence: City	Quebec State	Canada Country	Canadian Citizenship
270 Des Patriotes Rd South Mailing Address			
Mailing Address			
City	State	J3H 3G7 Zip	Country
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Given Name (first and middle (if any))		Family Name or Surname	
Alain		MASSICOTTE	
Inventor's Signature 		Date <u>12/02/2004</u>	
Orford Residence: City	Quebec State	Canada Country	Canadian Citizenship
15 Du Souchet Mailing Address			
Mailing Address			
Orford City	State	J1X 7H2 Zip	Canada Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	NA
Filing Date	NA
First Named Inventor	MERCIER
Title	Roll-Related Reactive System
Art Unit	NA
Examiner Name	NA
Attorney Docket Number	RP-01483-US1

I hereby appoint:



Practitioners associated with the Customer Number:

00909

OR



Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	MERCIER, Daniel		
Signature	<i>Daniel Mercier</i>		
Date	12/02/04	Telephone	450-670-0136

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 04 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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First Named Inventor	MERCIER
Title	Roll-Related Reactive System
Art Unit	NA
Examiner Name	NA
Attorney Docket Number	RP-01483-US1

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Address

City

State

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Country

Telephone

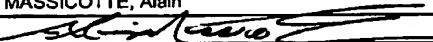
Fax

I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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## **SIGNATURE of Applicant or Assignee of Record**

Name	MASSICOTTE, Alain		
Signature			
Date	12/02/2004	Telephone	819-847-2702

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Examiner Name	NA
Attorney Docket Number	RP-01483-US1

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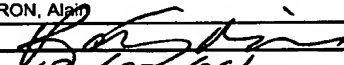
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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## SIGNATURE of Applicant or Assignee of Record

Name	BIRON, Alan		
Signature			
Date	12/07/04	Telephone	

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**SIGNATURE of Applicant or Assignee of Record**

Name BERTHIAUME Yves

Signature

Date

Telephone

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